REQUEST FOR LABORATORY SAMPLE ANALYSIS AND DATA EVALUATION

It is required that a completed request form be submitted to the QA Office with all project plans in order to expedite QA Office scheduling and ensure timeliness of analytical support and data evaluation services.

EPA Site Name:		Site Location (City/State):
EPA Program:	Site Phase:	
CERCLIS #:	GPRA #: 02D or 03E	SSID #:
EPA RPM/SAM/PO:		Mail Code:
RPM/SAM/PO Phone Number:	Fax Number:	RPM/SAM/PO Email:
Sampler Name:		Company:
Sampler Office Phone Number:	Sampler Fax Number:	Sampler Mobile Phone Number:
Sampler Address:		Sampler Email:
Proposed Sampling Dates:		

Signature and title of EPA Remedial Project Manager, Site Assessment Manager, Project Officer, or designee authorizing approval of this analytical support and data evaluation request:

Signature and Title: _____   Date: _____

Description of requested analytical services

Compounds/Analytes	Number of Samples	Matrix	Methods by Number	Type of Data Deliverable and Turn Around Time	
				Preliminary Data*	Data Package

* Note: EDD = Electronic Data Deliverable   HCDD = Hard Copy Data Deliverable

Unless otherwise specified, the QA Office will utilize the detection limits and quality control criteria listed in the requested method for scheduling and data evaluation purposes. If other detection limits or quality control criteria are needed, please attach relevant Data Quality Indicator (DQI) tables providing project-specific criteria. In instances where this information is not included in the method and no project-specific DQI table is otherwise provided, the RSCC and data evaluators will default to relevant QA Office DQI tables.

Supplementary analytical request information

Include any discussion of expanded or reduced analyte lists, reporting units, modified reporting limits, specialized preparation or analytical procedures, specialized sampling devices (i.e., Encore), etc.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ORGANIC DATA EVALUATION REQUIREMENTS

Compound(s)	Tier	Percentage Level	Method(s) by Number	Notes	Data Reviewer
Volatiles	1A	10 20 25 50 100 Other:___	_____	____	_____
	1B	10 20 25 50 100 Other:___	_____	____	_____
	2	10 20 25 50 100 Other:___	_____	____	_____
	3	10 20 25 50 100 Other:___	_____	____	_____
Semi-Volatiles	1A	10 20 25 50 100 Other:___	_____	____	_____
	1B	10 20 25 50 100 Other:___	_____	____	_____
	2	10 20 25 50 100 Other:___	_____	____	_____
	3	10 20 25 50 100 Other:___	_____	____	_____
Pesticides	1A	10 20 25 50 100 Other:___	_____	____	_____
	1B	10 20 25 50 100 Other:___	_____	____	_____
	2	10 20 25 50 100 Other:___	_____	____	_____
	3	10 20 25 50 100 Other:___	_____	____	_____
Herbicides	1A	10 20 25 50 100 Other:___	_____	____	_____
	1B	10 20 25 50 100 Other:___	_____	____	_____
	2	10 20 25 50 100 Other:___	_____	____	_____
	3	10 20 25 50 100 Other:___	_____	____	_____
PCBs	1A	10 20 25 50 100 Other:___	_____	____	_____
	1B	10 20 25 50 100 Other:___	_____	____	_____
	2	10 20 25 50 100 Other:___	_____	____	_____
	3	10 20 25 50 100 Other:___	_____	____	_____
Other:					
_____	__	10 20 25 50 100 Other:___	_____	____	_____
_____	__	10 20 25 50 100 Other:___	_____	____	_____
_____	__	10 20 25 50 100 Other:___	_____	____	_____
_____	__	10 20 25 50 100 Other:___	_____	____	_____

Notes or Special Criteria (i.e., compounds and levels of concern, action levels, targeted samples, QC criteria changes, criteria for selection of focused review, etc.):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

INORGANIC DATA EVALUATION REQUIREMENTS

Compound(s)	Tier	Percentage Level	Method(s) by Number	Notes	Data Reviewer
Metals	1A	10 20 25 50 100 Other:___	_____	____	_____
	1B	10 20 25 50 100 Other:___	_____	____	_____
	2	10 20 25 50 100 Other:___	_____	____	_____
	3	10 20 25 50 100 Other:___	_____	____	_____
Cyanide	1A	10 20 25 50 100 Other:___	_____	____	_____
	1B	10 20 25 50 100 Other:___	_____	____	_____
	2	10 20 25 50 100 Other:___	_____	____	_____
	3	10 20 25 50 100 Other:___	_____	____	_____
General Chemistry	1A	10 20 25 50 100 Other:___	_____	____	_____
	1B	10 20 25 50 100 Other:___	_____	____	_____
	2	10 20 25 50 100 Other:___	_____	____	_____
	3	10 20 25 50 100 Other:___	_____	____	_____
Anions	1A	10 20 25 50 100 Other:___	_____	____	_____
	1B	10 20 25 50 100 Other:___	_____	____	_____
	2	10 20 25 50 100 Other:___	_____	____	_____
	3	10 20 25 50 100 Other:___	_____	____	_____
Other:					
_____	__	10 20 25 50 100 Other:___	_____	____	_____
_____	__	10 20 25 50 100 Other:___	_____	____	_____
_____	__	10 20 25 50 100 Other:___	_____	____	_____
_____	__	10 20 25 50 100 Other:___	_____	____	_____

Notes or Special Criteria (i.e., compounds and levels of concern, action levels, targeted samples, QC criteria changes, criteria for selection of focused review, etc.):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____